

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101538696

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	2		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	1		1			
19	1		1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	20	←	16	←		←
TOTAL CLAIMS	23		19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						